

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert McKinzie

Name

(2) P O Box 120324

Address (number and street)

Fort Lauderdale FL 33312

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

2014 SEP 10 PM 4:52

CITY CLERK

(4) Check appropriate box(es):

☒ Candidate Office Sought: City Commissioner District III Fort Lauderdale

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

## (5) Report Identifiers

Cover Period: From 08 / 01 / 2014 To 08 / 31 / 2014 Report Type: \_\_\_\_\_

☐ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 250 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

## (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , 1 , 145 . 23

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

## (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 24 , 700 . 00

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 5 , 488 . 97

## (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

**X**

Signature

(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

Signature

### Instructions for Campaign Treasurer's Report Summary

(1) **Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.

(2) **Address:** the full address or post office box, city, state, and zip code.  
☐ Check the box if the address has changed since the last report filed.

(3) **ID Number:** identification number assigned by the filing officer.

(4) **Check the appropriate box(es).**

(5) **Report Identifiers**

**Cover Period:** the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important:** use the appropriate cover period dates as published by the filing officer.

**Report Type:** refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).

**Check one of the appropriate boxes:**

☐ Original: first report filed for this reporting period.

☐ Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.

☐ Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.

(6) **Contributions This Report:**

Cash and Checks: total amount for this reporting period.

Loans: total amount for this reporting period.

Total Monetary: sum of Cash and Checks and Loans.

In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.

(7) **Expenditures This Report:**

Monetary Expenditures: total amount of monetary expenditures for this reporting period.

Transfers to Office Account: total amount transferred to an office account by elected candidates only.

Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.

(8) **Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.

(9) **TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(10) **TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(11) **Type or print the required officer's name and have them sign the report:**

☐ Candidate report: treasurer and candidate must sign.

☐ PC report: treasurer and chairperson must sign.

☐ PTY report: treasurer and chairperson must sign.

☐ ECO report: organization's treasurer must sign.

☐ IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)

**AMENDMENT REPORTS:** An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Robert McKinzie

(2) I.D. Number

(3) Cover Period 8/1/2014

through

8/31/2014

(4) Page

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(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/6/2014 001	Yonne Greene 411 NW 39th Ave Plantation , FL 33311	I      Counselor	CHE	NA	NA	\$100.00
8/8/2014 002	Electa C. Cone 1918 NW 3rd Court Fort Lauderdale, FL 33311	I      Retired	CHE	NA	NA	\$100.00
8/10/2014 003	Jerry Covington 3050 SW 5th Street Fort Lauderdale, FL 33312	I      IT Specialist	CHE	NA	NA	\$50.00
<b>TOTAL</b>						<b>\$250.00</b>

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Robert McKinzie

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 8/1/2014

through

8/31/2014

(4) Page

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(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
8/1/2014 001	Broward Citizens For Seniors Inc 904 W Broward Blvd Fort Lauderdale FL 33312	Donation	MON	NA	\$50.00
8/2/2014 002	Alpha PhiAlpha Fraternity 510 NW 84th Ave Plantation FL 33324	Donation	MON	NA	\$150.00
8/8/2014 003	Prince II Kings Inc 550 N W 29th Ave Ft Lauderdale FL 33311	Donation	MON	NA	\$100.00
8/22/2014 004	Carlton B Moore Freedom Foundat 712 NW 2nd Street Fort Lauderdale FL 33311	Donation	MON	NA	\$200.00
8/19/2014 005	Office Depot 914 N Federal Hwy Fort Lauderdale FL 33309	Office Supplies	Credit Card	NA	\$452.16
8/20/2014 006	Office Depot 914 N Federal Hwy Fort Lauderdale FL 33309	Office Supplies	Credit Card	NA	\$18.01
8/20/2014 007	Office Depot 914 N Federal Hwy Fort Lauderdale FL 33309	Office Supplies	Credit Card	NA	\$90.06
8/28/2014 008	Metro PCS 5571 Hillsboro Blvd Coconut Creek FL 33073	Telephone	Credit Card	NA	\$85.00

\$1,145.23